Verification of Death Policy

This policy sets out a framework within which registered nurses may safely verify a death, without an unnecessary and potentially distressing delay and sets out the process to enable the safe verification of death.

Key words: Verifying death; confirming death; certification, medical examiner

Version: 2.3

Approved by: End of Life Steering Committee

Ratified By: Quality Forum

Date this version was ratified: May 2025

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Review date: 1st December 2027

Expiry date: 30th June 2028

Type of Policy: Clinical

Please add if this policy is sensitive and cannot be made Public on the website.

Contents

Policy On A Page

SUMMARY & AIM

What is this policy for?

To provide a framework within which registered nurses may safely verify a death, without an unnecessary and potentially distressing delay and sets out the process to enable the safe verification of death.

To provide guidelines for the medical team both in hours/out of hours and GP.

KEY REQUIREMENTS

What do I need to follow?

This policy applies:

To registered nurses and medical team working in LPT with the appropriate competency.

To patients in receipt of LPT services.

When a ReSPECT/ DNAR-CPR / Personal Resuscitation Plan (PRP)/Emergency Healthcare Care Plan (EHCP), Advanced Care Plan is in place that indicates DNAR

TARGET AUDIENCE:

Who is involved with this policy?

Registered Nurses

Medical Teams

TRAINING

What training is there for this policy?

All registered nurses to complete a one off Ulearn module Verification of Death. This course will help you understand the scope of nursing practice regarding the verification of a patient's death, the parameters of nurse verification of death and how to carry out a physical assessment to verify a patient's death.

1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy. This policy sets out the parameters and procedures for registered nurses in the verification of death.

This policy has been developed to determine the scope of nursing practice regarding the verification of patient death, and the prompt certification of death to enhance continuity of end-of-life care for patients, their families, relatives, and significant others.

In line with One Chance to Get it Right (Leadership Alliance for the Care of Dying People 2015); Verification of expected death in childhood (Together for Short Lives 2012); and NICE Quality Standard (2017) on care of dying adults in the last days of life, it is appropriate for registered nurses to be able to formally verify the expected death of their patients, and thus improve the quality of care to families at this difficult time, which will include the permission to remove the body to an undertaker.

Verification of death sometimes referred to as pronouncing death or confirming death is the procedure of determining whether a person is deceased. All deaths should be subject to verification that life has ended.

The verification of death must be recorded. Death can be verified by all doctors and in defined situations, with appropriate training and competence, by registered nurses (NMC 2015; Secretary of State for the Home Department 2003). Out of Hour (OOH) doctors can verify death over the telephone if not able to visit the site.

Verification of death is separate to the certification process (Guidance available in the Care of Deceased Policy 2025.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1-1.3	Feb 2006 – May 2023	Held in CHS Corporate Governance Archives
2.0	May 2024	Review
2.1	October 2024	Review of Policy
2.3	March 2025	Amendments include Medical Examiner Process; physical assessment process; general update and transfer to updated Trust policy template

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For Further Information Contact: Sarah Latham, Head of Nursing

1.2 Key individuals involved in developing and consulting on the document

- Accountable Director – Dr Bhanu Chadalavada
- Author(s)- Reviewed by CHS Head of Nursing & Quality , Patsy Huband CHS Practice Development Nurse
- Wider Consultation – End of Life Steering Group Members, CHS End of Life working group
- Kim Sanger, Bereavement Support Specialist Nurse
- CHS Associate Medical Director
- Medical Examiner for LLR
- Siouxie Nelson – Clinical Lead for the LeDeR Programme
- Virtual Policy Group

1.3 Governance

Level 2 or 3 approving delivery group – End of Life Steering Group

Level 1 Committee to ratify policy – Quality Forum

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

Verification of death	Physiological assessment to confirm the fact of death.
Certification of death	The process of completing the 'Medical Certificate of Cause of Death' (MCCD). The MCCD can only be completed by a registered medical practitioner.
Expected death	Death is "expected" when reasonably foreseen as likely for example, the patient has a completed individualised End of Life (EoL) care plan, or it has been documented in the patient's records by a senior clinician that death is expected for Last Days of Life. Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form / Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) in place
Unexpected Death	A death not reasonably foreseen as likely, there is no ReSPECT form / DNACPR in place
Natural Death	Death occurs as a result of the aging process or progression of a natural illness/disease.
Unnatural Death	Death not considered to be entirely due to natural causes (not ageing or natural illness /disease progression). Examples: accidents (fall, choking), incidents (medication error), suicides
DNAR-CPR Form	Do Not Attempt Cardio- Pulmonary Resuscitation form (East Midlands) is a formal declaration that cardio-pulmonary resuscitation should not be attempted.
DoLS	Deprivation of Liberty Safeguard
ANP	Advanced Nurse Practitioner
GP	General Practitioner
NMC	Nursing and Midwifery Council
OOH	Out of Hours
PRPs/EHCP	Personal Resuscitation Plans/Emergency Health Care Plans are agreed plans that families, children, and professionals sign up to about the interventions that the child will receive with regards to the different health presentations.
ReSPECT	The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. (https://www.resus.org.uk/respect) These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment.
RN	Registered Nurse
ME	Medical Examiner
LfD	Learning from Deaths – a meeting where areas of potential learning or good practice have been identified, these will be discussed and recorded at a Learning from Deaths (LfD) forum meeting through presentation of the LfD review

LeDeR	National service improvement programme looking at the lives and deaths of people with a learning disability and autistic people. The programme aims to improve care, reduce health inequalities, and prevent premature mortality. People with a learning disability die on average 20 years younger than the wider population. To understand why this is happening, we undertake a formal review every time we are notified that a person with a learning disability or an autistic person has died. As part of the review, we look at the health and social care services the person was receiving, we talk to family and carers, and we review care notes. The review helps us find out what is working well for our communities, and what we could be doing better. It helps drive improvements for the communities based in Leicester, Leicestershire and Rutland.

2.0 Purpose and Introduction/Why we need this policy

To provide a framework within which registered nurses and medical teams may safely verify a death, without an unnecessary and potentially distressing delay and sets out the process to enable the safe verification of death.

3.0 Policy Requirements

Care of the Deceased Policy and Guidelines (LPT 2025).

NICE Quality Standard – (QS 144) Care of dying Adults in the last days of life' (NICE 2017).

One Chance to get it right. Leadership Alliance for the Care of Dying People 2015.

Verification of expected death in childhood: Guidance for children's palliative care services (Together for Short Lives 2012).

Confirmation of death | Advice guides | Royal College of Nursing (rcn.org.uk)

5th Edition of Care After Death: Registered Nurse

Verification of Expected Adult Death (RNVoEAD) Guidance June 2022

Care After Death guidance | Hospice UK July 20

Details of the principles and core standards to be used in the development and management of policies.

A Code of Practice for the diagnosis and confirmation of death 2025 Update - Academy of Medical Royal Colleges 2025

4.0 Duties within the Organisation

4.1 Registered Nurse Verification of Death Parameters

4.2 This policy **applies to:**

- Registered nurses working in LPT with the appropriate competency.

- To patients in receipt of LPT services.
- When a ReSPECT/ DNAR-CPR / Personal Resuscitation Plan (PRP)/Emergency Healthcare Care Plan (EHCP), Advanced Care Plan is in place that indicates DNAR.

4.3 This policy **does not apply**:

- Registered nurses working in all other directorates other than CHS.
- In cases of unexpected death (A death not reasonably foreseen as likely, there is no ReSPECT form / DNACPR in place), when the patient is a child; or an adult within their own home; or an adult under Adult Mental Health or Learning Difficulties services. In these circumstances verification of death must not be carried out by the registered nurse.
- The death is unnatural (Death not considered to be entirely due to natural causes (not ageing or natural illness /disease progression). Examples: accidents (fall, choking), incidents (medication error), suicides) or circumstances give cause for concern, the registered nurse must immediately report the death to medical staff and complete related incident reporting procedures.
- If death occurs within 24 hours of admission to a community-based hospital bed and NO ReSPECT/DNAR -CPR in place
- If death occurs post-operatively or post invasive procedure
- When the deceased was detained under the Mental Health Act on Mental Health and LD wards. This is regarded as a 'death in custody' and verification of death should be completed by the ward doctors.
- Where resuscitative measures had been initiated prior to the patient's death such as CPR.
- When an expected death has occurred at the patient's home and the registered nurse is not present or expected to imminently attend, then verification would be completed by the most appropriate Medical Practitioner, such as GP or out of hours GP service.
- Where there is a need for the urgent release of the deceased body by some relatives for burial only outside normal working hours.
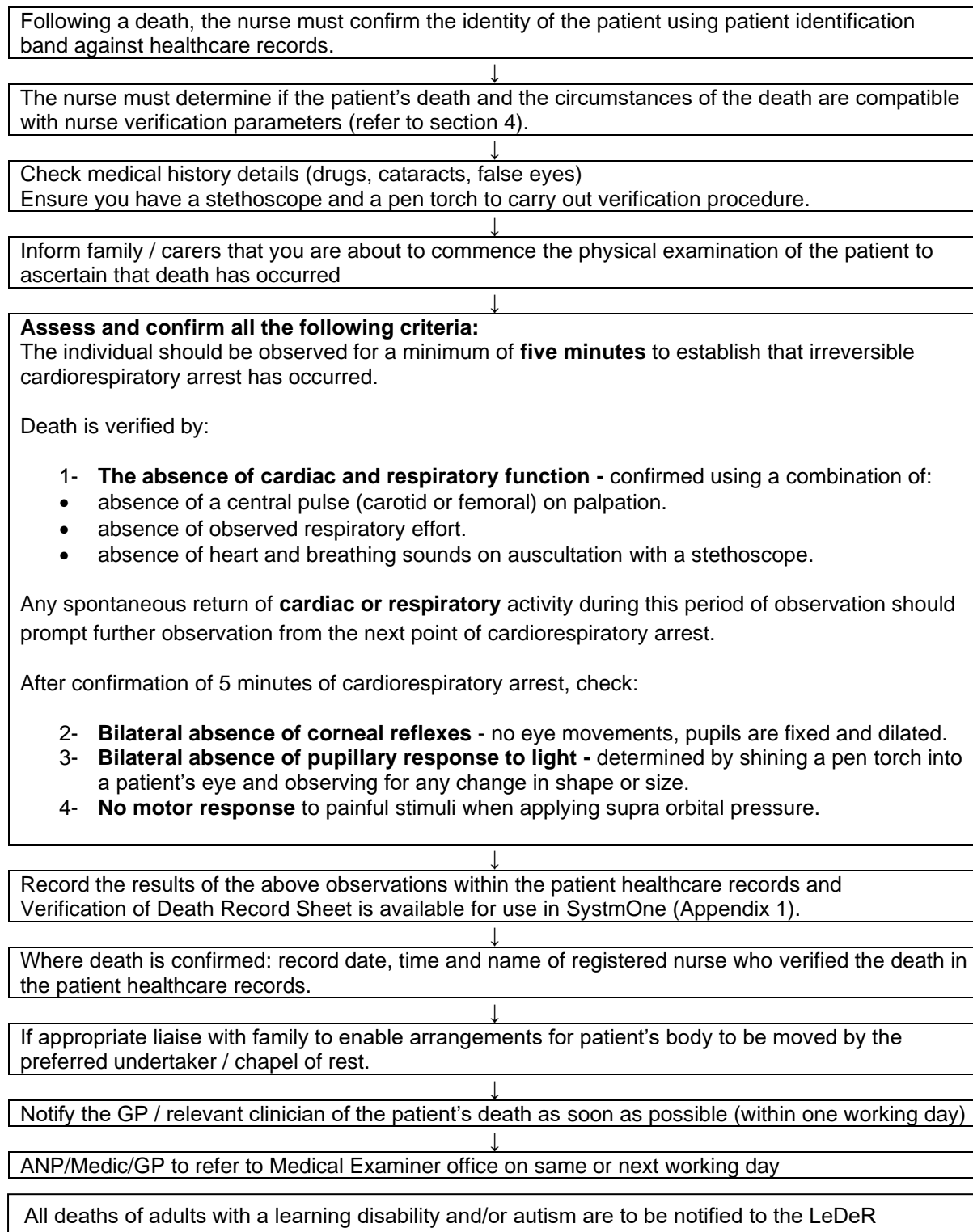
4.4 The policy does apply:

- When the patient is a child; or an adult is within their own home / care home; or an adult under Adult Mental Health or Learning Disability services the registered nurse will only verify death if the death is expected. Within LPT there will be those patients whose death becomes inevitable. An expected death can be defined as 'a death where a patient's demise is anticipated soon and the doctor will be able to issue a medical certificate as to the cause of death (i.e., the doctor has seen the patient within the last 28 days before the death and this is not a case reportable to the coroner (ONS, 2022)
- When an expected death has occurred within the patient's home, and a registered nurse (RN, RMN, LD) is in attendance or imminently due to attend, it is appropriate for the registered nurse who has achieved required competency to verify the death.
- When a death has occurred in a community hospital (CHS Directorate), it is appropriate for the registered nurse, who has achieved required competency, to verify the death. Except in the circumstances listed in 4.3.

4.5 Certification of Death:

Nurses are not able to certify a death. The process for activation of the certification process within community hospitals by the nursing/Medical or ANP staff is detailed in the LPT Care of Deceased policy.

4.6 Process Chart

Following a death, the nurse must confirm the identity of the patient using patient identification band against healthcare records.

↓

The nurse must determine if the patient's death and the circumstances of the death are compatible with nurse verification parameters (refer to section 4).

↓

Check medical history details (drugs, cataracts, false eyes)
Ensure you have a stethoscope and a pen torch to carry out verification procedure.

↓

Inform family / carers that you are about to commence the physical examination of the patient to ascertain that death has occurred

↓

Assess and confirm all the following criteria:
The individual should be observed for a minimum of **five minutes** to establish that irreversible cardiorespiratory arrest has occurred.

Death is verified by:

1- **The absence of cardiac and respiratory function -** confirmed using a combination of:
- absence of a central pulse (carotid or femoral) on palpation.
- absence of observed respiratory effort.
- absence of heart and breathing sounds on auscultation with a stethoscope.

Any spontaneous return of **cardiac or respiratory** activity during this period of observation should prompt further observation from the next point of cardiorespiratory arrest.

After confirmation of 5 minutes of cardiorespiratory arrest, check:

2- **Bilateral absence of corneal reflexes** - no eye movements, pupils are fixed and dilated.
3- **Bilateral absence of pupillary response to light -** determined by shining a pen torch into a patient's eye and observing for any change in shape or size.
4- **No motor response** to painful stimuli when applying supra orbital pressure.

↓

Record the results of the above observations within the patient healthcare records and Verification of Death Record Sheet is available for use in SystmOne (Appendix 1).

↓

Where death is confirmed: record date, time and name of registered nurse who verified the death in the patient healthcare records.

↓

If appropriate liaise with family to enable arrangements for patient's body to be moved by the preferred undertaker / chapel of rest.

↓

Notify the GP / relevant clinician of the patient's death as soon as possible (within one working day)

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ANP/Medic/GP to refer to Medical Examiner office on same or next working day

All deaths of adults with a learning disability and/or autism are to be notified to the LeDeR

4.7 Medical Examiner (ME) Process

On 9th September 2024 the law changed, introducing a statutory Medical Examiner service in England and Wales for both inpatient and community deaths. This means that deaths can now only be registered if the death has been scrutinised either by a Coroner or by a properly appointed Medical Examiner.

The stated purpose of the medical examiner system is to:

1. Provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths.
2. Ensure the appropriate direction of deaths to the coroner.
3. Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased.
4. Improve the quality of death certification.
5. Improve the quality of mortality data.

The Medical Examiner process has three parts.

- Communication (which may be oral or written) between a doctor who may be in a position to certify the death and a medical examiner, as to whether the coroner needs to be informed of the death and, if not, how the cause of death should be recorded.
- 'Proportionate scrutiny' by the medical examiner of relevant parts of the medical record
- A conversation with a member of the deceased's person's family, to ensure that the cause of death is understood and to ask whether there were any concerns around the care provided which might justify further consideration.

Following the ME process, where areas of potential learning or good practice have been identified, these will be discussed and recorded at a Learning from Deaths (LfD) forum meeting through presentation of the LfD review. These presentations allow discussion in greater detail and reflection with actions from the learning being implemented. Individuals that were caring for the patient are also involved allowing for real time learning and reflection.

Following verification and referral to the medical examiner, where coroner referral is not required, the medical certificate of cause of death (MCCD) will be completed and electronically forwarded from the medical examiner office to the registry office. For further guidance for inpatient death processes, see the LPT Care of Deceased Policy Medical Examiner & Bereavement Support Service process map (appendix 14).

4.8 Duties within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

Divisional Directors and Heads of Service are responsible for:

- Ensuring there are clear Policies and Protocols that give authority for individuals to perform the tasks and that this is reflected within their job descriptions.
- Are responsible for ensuring that policy is embedded throughout the directorate/ services.

Service Managers and Matrons

- Ensuring the verification of death policy is adhered to in the clinical setting and there is a clear process for dissemination.
- Staff are released for training and competent in the skill of verification of expected death within LPT.
- Line managers are clear in their roles and responsibilities in implementing this policy.
- To act in accordance with organisational policy on the actions required of reported incidents/ concerns complaints.
- Ensure that line managers are supported in monitoring compliance with the verification of death policy.
- Contribute to the LfD process.
- Monitor compliance with audit.

Ward Sisters/ Charge Nurses

- Ensure all staff in their service are aware of and adhere to this policy and that there is a clear process for dissemination.
- Ensure that staff are released to meet their training needs.
- Ensure staff attend training updates and records of attendance are kept.
- Ensure that all documentation is completed correctly through audit.
- Ensure that staff work in line with verification of death policy.
- Ensure they act in accordance with organisational policy of the reporting of incidents/ complaints/ concerns.
- Contributing to the LfD process.

Responsibility of Clinical Staff

- Ensure that they are aware and adhere to the verification of death policy, accepting accountability for their own practice.
- Ensure that they complete the verification of death training on Ulearn
- Understand their role and responsibilities in verifying a death.
- Maintaining their skills and competence to verify death of patients within the parameters stated in the policy.
- Participating in the investigation of incidents / concerns / complaints regarding registered nurses' compliance of this policy.
- Completing of documentation appropriate to the care setting.
- Reporting of incidents and near misses relating to verification of death.
- Undertaking / cooperating with audits of practice within the clinical setting.

- Contributing to the LfD process.

4.9 Training Requirements

The current training is available on Ulearn and is a one off training for all nurses undertaking verification of death.

5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered, in the case where the patient has died or deceased this can be from their relative or carer. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place.

6.0 Monitoring Compliance and Effectiveness

Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
All registered nurses verifying death have completed the relevant training on Ulearn	Ulearn Training report	Line Manager	EOL Steering Group – six monthly review
Review of incidents / complaints / concerns by directorate to identify concerns around verification of death.	Collection of data via the Ulysses system/compl aints / concern reports.	Directorate Learning from Deaths Group	Learning From Deaths – annual review

7.0 References and Bibliography

- BMA, 2019. Confirmation and certification of death - Guidance for GPs in England.

- C1566-information-for-medical-practitioners-after-the-coronavirus-act-2020-expires-march-2022.pdf (england.nhs.uk)

- CQC Fundamental Care End of Life Care 2022 accessed 10/05/2023 via End

of life care - Care Quality Commission (cqc.org.uk)

- One Chance to get it right. Leadership Alliance for the Care of Dying People 2015.

- National Institute for Health and Care Excellence (NICE) Quality Standard QS144 'Care of dying adults in the last days of life'. London

- Nursing and Midwifery Council (NMC) (2015) The Code 'professional standards of practice and behaviour for nurses and midwives' Nursing and Midwifery Council. London https://www.nmc.org.uk/standards/code/

- Skills for Health (2010) standard CHS54 'Verify an expected death accessed via https://tools.skillsforhealth.org.uk/competence/show/html/id/2231/ on 19.05.2023

- Together for Short Lives (2012) The verification of expected death in childhood. Guidance for children's palliative care services. Together for Short lives. Bristol

- A Code of Practice for the diagnosis and confirmation of death 2025 Update - Academy of Medical Royal Colleges 2025

- LLR LeDeR [Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) – LLR HWP](#)

8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Verification of Death Record Sheet

Date……………………………. **Time**…………………

Patient's Name …………………………………**Date of Birth**……………………

General Practitioner……………………. **NHS Number**…………………..

Date Last Seen by GP/Consultant…………

Response confirmed.
Assess and confirm **all** the following criteria:

1. **Absence of cardiac and respiratory function over 5 minutes:**
   o absence of a central pulse on palpation.
   o absence of respiratory effort.
   o absence of heart and breathing sounds on auscultation with a stethoscope.

   Followed by:
2. Bilateral absence of pupillary responses to light
3. Bilateral absence of the corneal reflex
4. No motor response to painful stimuli

Place of Death

……………………………………………………………………………………

I saw this patient on ……………………………………… at …………………… hours
and identified that death had occurred.

Death Witnessed by: Name ……………………………… Position: ………………

Date & Time Death Verified…………………………………...

VERIFIER

Print Name …………………………………**Signature**…………………………….

Contact Tel. Number………………………**Position**…………………….…………

Work Base……………………………

I have authorised the removal of the body by the undertaker and made appropriate arrangements for the medical professional to be informed to discuss certification of death with the patients' family / carers.

Please retain 1 copy within the patient's records and send a copy to the General Practitioner. Inform other agencies involved with providing services for this patient.

Appendix 2 Training Needs Analysis

Training topic:	Verification of Death Training
Type of training: (see study leave policy)	Desirable *
Directorate to which the training is applicable:	Adult Mental Health* Community Health Services * Enabling Services * Families Young People Children / Learning Disability/ Autism Services Hosted Services *
Staff groups who require the training:	*Registered Nurses*
Regularity of Update requirement:	One Off
Who is responsible for delivery of this training?	End of Life Steering Group
Have resources been identified?	ULearn
Has a training plan been agreed?	ULearn
Where will completion of this training be recorded?	ULearn *
How is this training going to be monitored?	ULearn reports going to Line Manager
Signed by Learning and Development Approval name and date	Alison O Donnell	Date: April 2024

Appendix 3 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers   Answer yes/

Respond to different needs of different sectors of the population yes

Work continuously to improve quality services and to minimise errors yes

Support and value its staff yes

Work together with others to ensure a seamless service for patients yes

Help keep people healthy and work to reduce health inequalities yes

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes

Appendix 4 Due Regard Screening Template

Section 1	
Name of activity/proposal	Verification of Death
Date Screening commenced	September 2024
Directorate / Service carrying out the assessment	CHS
Name and role of person undertaking this Due Regard (Equality Analysis)	Sarah Latham, CHS HON
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: The purpose of this policy is to state the standards and procedures to enable registered nurses to verify the death of a patient. OBJECTIVES: The objective of this policy is to ensure that patients whose death can be verified by a registered nurse is done so to enhance the continuity of end of life care for patients, their families and significant others	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.√

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
No impact on protective characteristics.			
Signed by reviewer/assessor	Sarah Latham	Date	10.04.25
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Sarah Latham	Date	10.4.25

Appendix 5 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.

The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Verification Of Death Policy	
Completed by:	Sarah Latham	
Job title	CHS Head of Nursing and Quality	Date 10.04.25

Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	**Sarah Latham**
Date of approval	**10.04.25**

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

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